

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers) 00090127	2 Total pages filed: 52	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Victor			FIRST MI		
	NICKNAME LAST Seby Haddad			SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1207 Westway Ave.			ZIP CODE		
	McAllen, TX 78501			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Sandra Lizabeth			FIRST MI		
	NICKNAME LAST Sandi Aguilar			SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1207 Westway Ave.			APT / SUITE #;	CITY;	
	McAllen, TX 78501			STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE (956) 451-3698	PHONE NUMBER 	EXTENSION 			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
THROUGH						
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 41		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 52

13 C / OH NAME	Haddad, Victor (Mr.)		14 Filer ID (Ethics Commission Filers) 00090127												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 174,295.91												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. TOTAL POLITICAL EXPENDITURES		\$ 52,726.96												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 216,280.98												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00												

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Victor Haddad

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 52

18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Haddad, Victor (Mr.)	00090127	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	173,995.91
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	300.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	48,514.76
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	4,212.20
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	50.14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/28 Rpt: 4/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 360 Medical LLC 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$5,000.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 956 Management LLC Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acero Investments LLC Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez Jr., Julian Contributor address; City; State; Zip Code Harlingen, LA 78550	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio Esparza MD Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/28 Rpt: 5/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arboreal Development LLC 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) Self-employed	
9 Employer (See Instructions) Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armando, Adame 6 Contributor address; City; State; Zip Code McAllen, LA 78501	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) Self-employed	
9 Employer (See Instructions) Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arturo, Oscar 6 Contributor address; City; State; Zip Code McAllen, LA 78504	7 Amount of Contribution (\$) \$500.00
	8 Principal occupation / Job title (See Instructions) Self-employed	
9 Employer (See Instructions) Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auriel Investments LLC 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$2,500.00
	8 Principal occupation / Job title (See Instructions) Self-employed	
9 Employer (See Instructions) Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Badiozzamani, Reza 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$5,000.00
	8 Principal occupation / Job title (See Instructions) Self-employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/28 Rpt: 6/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barreda Jr., Raul	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) self
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bhakta, Anita	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code Edinburg, LA 78539	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownsville Driving Range LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Brownsville, TX 78520	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Herlinda	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, LA 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/28 Rpt: 7/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlina Ten LLC 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos J. Cardenas MD Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Evelyn Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed	
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Century Construction LLC Contributor address; City; State; Zip Code Palmhurst, TX 78573	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerda, Julio Cesar Contributor address; City; State; Zip Code Mission, LA 78574	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/28 Rpt: 8/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coronado, Aida	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Brownsville, LA 78526	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corporate Asset Partners LLC	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crane Aliseda, Deborah	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code McAllen, LA 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Gorordo, Antonio	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mission, LA 78572	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanda, Vivian	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Mission, TX 78573	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/28 Rpt: 9/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defend the Dream PAC 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	7 Amount of Contribution (\$) \$2,500.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delisi Communications PAC Austin, TX 78701	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Mauricio De La Garza PLLC McAllen, TX 78504	Amount of Contribution (\$) \$976.74
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erica De La Garza Lopez Campaign McAllen, TX 78501	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escareno, Narciso Brownsville, LA 78520	Amount of Contribution (\$) \$300.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Self	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/28 Rpt: 10/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Angel	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, LA 78501	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonseca, Krista	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Mary	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, LA 78503	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franz Limited Partnership	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuad Zayed MD	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78503	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/28 Rpt: 11/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Daniel	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Omar F.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, LA 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Robert M.	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ruben	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gloria Mireles MD	Amount of Contribution (\$) \$85.53
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/28 Rpt: 12/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godinez, Brian	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, LA 78504	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez 3 Construction LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Donna, TX 78537	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Vivian	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Edionburg, LA 78539	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorena, Mariella	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Jessica	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/28 Rpt: 13/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guadarrama, Delisa	7 Amount of Contribution (\$) \$229.22
	6 Contributor address; City; State; Zip Code Edinburg, LA 78539	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Frank	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Leslie	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Mission, TX 78573	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HCA Texas Good Government Fund	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75240	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC-State	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/28 Rpt: 14/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Mary 6 Contributor address; City; State; Zip Code McAllen, TX 78503	7 Amount of Contribution (\$) \$5,000.00
	8 Principal occupation / Job title (See Instructions) self-employed	9 Employer (See Instructions) self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Roberto A. Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) self
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hausenfluck, Amber L. Contributor address; City; State; Zip Code Austin, LA 78704	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) Self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Ruben Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) Self
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honrubia, Vincent Contributor address; City; State; Zip Code Mission, TX 78572	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/28 Rpt: 15/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Tracy	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Mission, LA 78573	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ibarra, Vanessa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Infinity Homes	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Izaguirre, Diana	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Mission, TX 78574	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janamo Properties LLC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/28 Rpt: 16/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalifa, Abdala	7 Amount of Contribution (\$) \$3,000.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) self
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalifa, Amira	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamper Investments LLC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanhere, Gauri Gopal	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Rio Grande City, LA 78582	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David Tyler	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Laredo, LA 78045	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/28 Rpt: 17/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LS Investments LLP	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78503	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laish Holdings LLC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalich-Mendez LLC	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laredo Fire PAC	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Laredo, TX 78041	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Valdez. Martinez & Monarrez	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/28 Rpt: 18/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leal, Carlos 6 Contributor address; City; State; Zip Code Mission, TX 78573	7 Amount of Contribution (\$) \$5,000.00
	8 Principal occupation / Job title (See Instructions) Self-employed	9 Employer (See Instructions) self
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Jennifer Contributor address; City; State; Zip Code McAllen, TX 78504	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) self-employed	Employer (See Instructions) self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Austin, TX 78760	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Daniel Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) appraiser	Employer (See Instructions) Hidalgo County Appraisal District
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macheska, Robert J. Contributor address; City; State; Zip Code Mission, TX 78574	Amount of Contribution (\$) \$2,500.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/28 Rpt: 19/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manrique, Irene Uribe	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78501	
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Adolfo	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code McAllen, LA 78503	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Karis	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllen Gold & Silver Exchange	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLain, Jamie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, LA 78503	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/28 Rpt: 20/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Ana 6 Contributor address; City; State; Zip Code McAllen, TX 78504	7 Amount of Contribution (\$) \$250.00
	8 Principal occupation / Job title (See Instructions) self-employed	9 Employer (See Instructions) self
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Salvador Contributor address; City; State; Zip Code McAllen, LA 78503	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) Self
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mission Firefighters Committee Contributor address; City; State; Zip Code Mission, TX 78574	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monarrez, Carlos Contributor address; City; State; Zip Code Brownsville, LA 78526	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) Self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montanaro, Alfredo Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/28 Rpt: 21/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. Mortgage LLC 6 Contributor address; City; State; Zip Code Edinburg, TX 78539	7 Amount of Contribution (\$) \$1,500.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolana St LLC Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$5,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otero, Alejandro Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed	
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Kip Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed	
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palma, Cesar Contributor address; City; State; Zip Code Edinburg, LA 78542	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/28 Rpt: 22/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Bharat	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) self
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Rajnikant	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code South Padre Island, TX 78597	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena Yruegas, Nancy Alejandra	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mission, LA 78572	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Archie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mission, LA 78573	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Ernest	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code McAllen, LA 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/28 Rpt: 23/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Joseph	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Mission, TX 78572	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pointer Realty	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rene A.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Edinburg, LA 78539	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Rodolfo	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redline Development Ltd	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Mission, TX 78572	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/28 Rpt: 24/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyna, Mario	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code McAllen, LA 78501	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Nicolas	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Hortencia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code McAllen, LA 78501	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Margarita	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code McAllen, LA 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Emiliano	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, LA 78228	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/28 Rpt: 25/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruppert Ranch Company 6 Contributor address; City; State; Zip Code Edinburg, TX 78540	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruppert, Kyle Contributor address; City; State; Zip Code Edinburg, LA 78540	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S2 Engineering PLLC Contributor address; City; State; Zip Code Mission, TX 78574	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Vanessa Contributor address; City; State; Zip Code Edinburg, LA 78541	Amount of Contribution (\$) \$163.58
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saldana, Amanda Contributor address; City; State; Zip Code Pharr, LA 78577	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/28 Rpt: 26/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samira Mohamed MD	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code McAllen, TX 78504	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schumacher, Kurth	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Mission, LA 78574	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Showery Insurance Agency	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code McAllen, TX 78501	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Douglas L.	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, LA 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Alice A.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Saratoga Springs, LA 12866	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/28 Rpt: 27/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soard Solutions LLC 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Martha Contributor address; City; State; Zip Code Edinburg, LA 78541	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spamer, Joaquin M. Contributor address; City; State; Zip Code McAllen, TX 78503	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Josh Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas State Association of Firefighters Action Committee Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/28 Rpt: 28/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Mangi Family LP 6 Contributor address; City; State; Zip Code McAllen, TX 78503	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions)
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Lauro Contributor address; City; State; Zip Code Edinburg, LA 78539	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomas, Efraim Contributor address; City; State; Zip Code McAllen, TX 78501	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Susan Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Jesus R. Contributor address; City; State; Zip Code Edinburg, LA 78541	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/28 Rpt: 29/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ValleyVentures LLC 6 Contributor address; City; State; Zip Code McAllen, TX 78501	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Ricardo Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Rigoberto Contributor address; City; State; Zip Code Mission, LA 78572	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal, Veronica Contributor address; City; State; Zip Code McAllen, LA 78504	Amount of Contribution (\$) \$797.84
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wadhwani, Sunil B. Contributor address; City; State; Zip Code Edinburg, LA 78539	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/28 Rpt: 30/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Brandon	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Pharr, LA 78577	
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, McGurk, Cordova & Nixon	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Edinburg, TX 78539	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Laura Nassri	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code McAllen, LA 78501	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Aubrey	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code McAllen, LA 78501	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weyand, Cristen Ruppert	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code McAllen, LA 78504	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/28 Rpt: 31/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamir, Asim 6 Contributor address; City; State; Zip Code Brownsville, LA 78521	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Self

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 32/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/29/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramirez, Rene 7 Contributor address; City; State; Zip Code Edinburg, TX 78539	8 Amount of contribution (\$) \$300.00 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) business ownwer		11 Employer (FOR NON-JUDICIAL) (See instructions) self
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/15 Rpt: 33/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/20/2025	5 Payee name Academy Sports	
6 Amount (\$) \$124.92	7 Payee address; City; 651 E. Trenton Edinburg, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign attire
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Academy Sports	
Amount (\$) \$999.46	Payee address; City; 651 E. Trenton Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign attire
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Act Blue	
Amount (\$) \$703.19	Payee address; City; 366 Summer St. Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution deposit fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/15 Rpt: 34/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Payee name Apple	
6 Amount (\$) \$77.93	7 Payee address; City; State; Zip Code 12801 Delcour Dr Austin , TX 78727	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign app
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Bodega Tavern	
Amount (\$) \$110.30	Payee address; City; State; Zip Code 2901 N. 10th McAllen , TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Bonhomia	
Amount (\$) \$67.97	Payee address; City; State; Zip Code 920 N. Main St. McAllen, TX 78501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/15 Rpt: 35/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/07/2025	5 Payee name Brand Boosters	
6 Amount (\$) \$6,091.23	7 Payee address; City; 301 N. McColl McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cantu, Javier	Office sought Office held
Date 11/10/2025	Payee name Cantu, Javier	
Amount (\$) \$2,250.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE Pharr, TX 78577	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cantu, Javier	Office sought Office held
Date 11/24/2025	Payee name Cantu, Javier	
Amount (\$) \$1,130.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE Pharr, TX 78577	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cantu, Javier	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/15 Rpt: 36/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/08/2025	5 Payee name Cantu, Javier	
6 Amount (\$) \$3,380.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cantu, Javier	Office sought Office held
Date 12/22/2025	Payee name Cantu, Javier	
Amount (\$) \$1,865.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign labor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carrera Communications	Office sought Office held
Date 12/19/2025	Payee name Carrera Communications	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 135 Paseo del Prado Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carrera Communications	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/15 Rpt: 37/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/19/2025	5 Payee name Ceron, David	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 08/19/2025	Payee name Chase Card Services	
Amount (\$) \$1,600.00	Payee address; City; State; Zip Code P O Box 15298 Wilmington, DE 19850	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense updated branding shoot
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 08/18/2025	Payee name Chase Card Services	
Amount (\$) \$292.09	Payee address; City; State; Zip Code P O Box 15298 Wilmington, DE 19850	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/15 Rpt: 38/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 09/30/2025	5 Payee name Chase Card Services	
6 Amount (\$) \$177.55	7 Payee address; City; P O Box 15298 Wilmington, DE 19850	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Chase Card Services	
Amount (\$) \$1,707.47	Payee address; City; P O Box 15298 Wilmington, DE 19850	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense overhead expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/14/2025	Payee name Chase Card Services	
Amount (\$) \$212.17	Payee address; City; P O Box 15298 Wilmington, DE 19850	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/15 Rpt: 39/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/19/2025	5 Payee name Chase Card Services	
6 Amount (\$) \$211.20	7 Payee address; City; P O Box 15298 Wilmington, DE 19850	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly service fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Chase Card Services	
Amount (\$) \$11.72	Payee address; City; P O Box 15298 Wilmington, DE 19850	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Chick-Fil-A	
Amount (\$) \$62.73	Payee address; City; 7340 N. 10th St. McAllen, TX 78504	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/15 Rpt: 40/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/30/2025	5 Payee name City of Austin	
6 Amount (\$) \$29.80	7 Payee address; City; 301 W. 2nd Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense parking fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Delta Airlines	
Amount (\$) \$381.96	Payee address; City; 1030 Delta Blvd Atlanta, GA 30398	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense trip to ATX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Delta Airlines	
Amount (\$) \$186.96	Payee address; City; 1030 Delta Blvd Atlanta, GA 30398	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense trip to ATX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/15 Rpt: 41/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/23/2025	5 Payee name Garcia, Hermila	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Pharr, TX 78577	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contract labor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name HEB	
Amount (\$) \$65.07	Payee address; City; State; Zip Code 901 Trenton Rd McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name HEB	
Amount (\$) \$87.62	Payee address; City; State; Zip Code 901 Trenton Rd McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/15 Rpt: 42/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/12/2025	5 Payee name Hidalgo County Democratic Party	
6 Amount (\$) \$750.00	7 Payee address; City; 814 Del Oro Pharr, TX 78577	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Junior League of McAllen	
Amount (\$) \$600.00	Payee address; City; 514 E. Dove McAllen, TX 78501	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Lopes, Cristobal	
Amount (\$) \$350.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE Edinburg, TX 78542	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/15 Rpt: 43/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/06/2025	5 Payee name McAllen Youth Soccer Assoc.	
6 Amount (\$) \$250.00	7 Payee address; City; 4311 N. 10th St. McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Mendez, Jhonny Brayank Strenk	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Mendez, Jhonny Brayank Strenk	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Mission, TX 78572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/15 Rpt: 44/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 11/07/2025	5 Payee name Mix Academy	
6 Amount (\$) \$300.00	7 Payee address; City; 1821 S. Bicentennial McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sound for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	Payee name Phoebe's Diner	
Amount (\$) \$53.40	Payee address; City; 533 W. Oltorf St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Public Research Group	
Amount (\$) \$6,440.00	Payee address; City; 135 Paseo del Prado Edinburg, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/15 Rpt: 45/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/05/2025	5 Payee name Silver Ribbon Community Partner	
6 Amount (\$) \$300.00	7 Payee address; City; 919 Austin Ave. McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Stripes	
Amount (\$) \$66.28	Payee address; City; 4829 N. 10th St. McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel in district
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Stripes	
Amount (\$) \$68.95	Payee address; City; 4829 N. 10th St. McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/15 Rpt: 46/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/12/2025	5 Payee name Texas Border Business	
6 Amount (\$) \$4,300.00	7 Payee address; City; 614 S. 12th St. McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/07/2025	Payee name Texas Exes Hidalgo Starr Chapter	
Amount (\$) \$500.00	Payee address; City; 2110 San Jacinto Blvd Austin, TX 78712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Tolosa Rooftop	
Amount (\$) \$1,533.78	Payee address; City; 1200 Auburn Ave. McAllen, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/15 Rpt: 47/52	2 FILER NAME Haddad, Victor (Mr.)	3 Filer ID (Ethics Commission Filers) 00090127
4 Date 10/23/2025	5 Payee name Uber	
6 Amount (\$) \$46.79	7 Payee address; City; State; Zip Code 1455 Market St. 4th Floor San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation in ATX
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Uber	
Amount (\$) \$96.77	Payee address; City; State; Zip Code 1455 Market St. 4th Floor San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transportation in ATX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Vista Print	
Amount (\$) \$32.45	Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign material
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/4 Rpt: 48/52	2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 CREDIT CARD ISSUER	Name of financial institution Chase Card Services		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$211.20	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ATT	(b) Payee address; City, State, Zip Code 7113 N. 10th St. McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description monthly service fees	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$11.72	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Network Solutions	(b) Payee address; City, State, Zip Code 13861 Sunrise Valley Dr., Ste 300 Herndon, VA 20171	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign domain	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$6.39	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 09/30/2025 09/30/2025
PAYEE	(a) Payee name Network Solutions	(b) Payee address; City, State, Zip Code 13861 Sunrise Valley Dr Herndon, VA 20171	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description domain hosting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/4 Rpt: 49/52	2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$212.17	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ATT	(b) Payee address; City, State, Zip Code 7113 N. 10th St. McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description monthly service fees	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$226.05	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Network Solutions		(b) Payee address; City, State, Zip Code 13861 Sunrise Valley Dr., Ste 300 Herndon, VA 20171
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign domain	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$1,600.00	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BD Photography		(b) Payee address; City, State, Zip Code 1619 Galveston Ave. McAllen, TX 78501
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Updated Branding Shoot	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/4 Rpt: 50/52	2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$171.16	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Network Solutions		(b) Payee address; City, State, Zip Code 13861 Sunrise Valley Dr., Ste 300 Herndon, VA 20171
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description campaign hosting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$66.04	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Network Solutions		(b) Payee address; City, State, Zip Code 13861 Sunrise Valley Dr., Ste 300 Herndon, VA 20171
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description campaign domain
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$300.23	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ATT		(b) Payee address; City, State, Zip Code 7113 N. 10th St. McAllen, TX 78504
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description monthly service plan
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/4 Rpt: 51/52	2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,407.24	(b) Date of Charge 10/06/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ATT	(b) Payee address; City, State, Zip Code 7113 N. 10th St. McAllen, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description campaign phone and service plan	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 52/52
2 FILER NAME Haddad, Victor (Mr.)		3 Filer ID (Ethics Commission Filers) 00090127
4 Date 12/31/2025	5 Name of person from whom amount is received Lone Star National Bank 6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504	8 Amount (\$) \$50.14
	7 Purpose for which amount is received interest on campaign account	<input checked="" type="checkbox"/> Check if political contribution returned to filer